Georgia

AIDS Rate per 100,000

25.7*

State Funds for HIV Early Intervention Services

STATE EXPENDITURES	
Required Base	SFY 2007 Expenditures Maintenance
n/a	n/a
N/A = Not applicable	

SAPT EXPENDITURES	
FY 2005 HIV Set-Aside	FY 2008 Planned
$2,517,486	$2,542,879

FY 2008 SAPT Reports

Set-aside is used to provide HIV screening, pre/post counseling, rapid HIV testing, HIV testing, and treatment referral for persons presenting for substance abuse or opioid treatment through the HIV early intervention services program.

HIV EARLY INTERVENTION SERVICES PROVIDED							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
√		√	√	√			

State Narrative Summary

In Fiscal Year (FY) 2005, Georgia expanded its HIV early intervention services to include staff in 26 opioid treatment providers (OTPs) statewide; the program included recruitment and training of more than 50 new workers, enabling services to reach a higher percentage of people with a history of injection drug use. These OTPs offered counseling and testing services. OTPs receive no funding from Georgia's Division of Mental Health, Developmental Disabilities, and Addictive Diseases, and so their participation in the program has been entirely voluntary; they have agreed to provide data and reporting so that services can be tracked. The State

*The most recent data published prior to October 1, 2007 by the CDC is Table 14, Reported AIDS cases and annual rates (per 100,000 population), by area of residence and age category, cumulative through 2005-United States, HIV/AIDS Surveillance Report 2005 Vol. 17, U.S. Department of Health and Human services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS, Prevention, Surveillance, and Epidemiology. Single copies of the report are available through the CDC National Prevention Information Network, 1-800-458-5231 or 301-562-1098 or http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/table14.htm

sponsored a 3-day workshop on intensive skill-building and networking for HIV early intervention service counselors. The State also created a newsletter for counselors, along with an e-mail news "clipping" service. As of FY 2007, the State's early intervention service included a network of 71 counselors based in 36 substance abuse treatment facilities. The State sponsored a series of three regional 1-day training meetings, which 47 counselors attended. In FY 2008, the State planned to continue these activities, with a focus on ongoing intervention services as well as training sessions and materials to support and encourage early intervention counselors.

Full State Narrative

FY 2005 (COMPLIANCE)

Opioid Treatment Providers Join HIV EIS - In FFY 2005, the HIV EIS program was expanded to include workers in 26 opioid treatment centers, effectively doubling the number of sites offering HIV EIS throughout the state of Georgia. A collaboration between MHDDAD and Opioid Treatment Providers (OTP) of Georgia, the new initiative was launched in FY 2004, with recruitment and training of over 50 new HIV EIS workers. As a result, HIV Early Intervention Services were accessible to more Georgians and, significantly, HIV EIS reached a higher percentage of those with a history of injection drug use, which is a high risk factor for HIV/AIDS. Throughout FFY 2005, opioid treatment providers (OTPs) offered HIV prevention counseling, pre-test counseling, testing, and post-test counseling to a growing number of consumers.

During FFY 2005, crucial monitoring and support for these brand new programs was provided by HIV EIS management, with the cooperation of the president of Opioid Treatment Providers of Georgia, Terry Willis. It is worth noting that most of the OTPs in Georgia receive no funding from MHDDAD and therefore have participated in the HIV EIS program on a strictly voluntary basis. Mr. Willis invited HIV EIS Program Director Marie Sutton to speak at a monthly meeting of OTP clinic owners to explain reporting requirements. Intensive Skill-building and Networking Conference for HIV EIS Counselors - In FFY 2005, MHDDAD produced Partnering for Success: You're Not Alone a Training & Networking Intensive for HIV EIS Counselors. The three-day conference featured Public Health Advisor, Marvena Simmonds, MPA of CSAT. Ms. Simmonds was one of the national experts who presented at the conference, leading a session entitled, "Partnering with Community Organizations: Accessing Community Resources." Other speakers participating in the session included Sheila Harley, M.S.W., J.D.; David L. Whiters, LMSW, NCAC II, and The Reverend Kelvin Turner. Additional sessions were entitled "Advanced HIV & Hepatitis C Update" and "Outreach, Case Management, and Support Groups." In "Partnering With Your Client: Helping Consumers Take Care of Themselves" group leadership skills and one-on-one engagement strategies were modeled by national expert Jeannie Little, LCSW, CGP and local expert Kimya Hodari, MA, MAC, CCS. Three veteran HIV EIS counselors joined national presenters to help train counselors.

Hepatitis C - Because HIV involves risk factors similar to those for Hepatitis C, the individuals MHDDAD wishes to serve are in at risk for both infections. Further, Hepatitis C is an epidemic among injection drug users, and the majority of OTP clients have a history of injection drug use as do a significant number of consumers accessing more traditional substance abuse services. Grady Hospital Drug Dependency, an opioid treatment provider, estimates that 80% of their clientele is positive for Hepatitis C while 20% are HIV-infected. In response, hepatitis prevention information was provided in FFY 2005 not only in the intensive conference described above but was disseminated through the HIV EIS email news clipping service (below). Additionally, each counselor received a copy of the first edition of Hep C Handbook: a resource guide for Georgians.

HIV EIS Communication Strategy - Substance Abuse Treatment Chief Bruce Hoopes and the HIV EIS management team met with Kenya Bello, new Public Information Account Manager for the Office of Communications of Georgia DHR to discuss effective positioning of the HIV EIS program and its communications products, including the newsletter, clipping service, and website. It was agreed that the ultimate purpose of these communications vehicles is to achieve broad stakeholder participation, buy-in and consensus around the value of the work of the program. In order to achieve this, DHR leadership was encouraged to speak directly to HIV EIS counselors as a way of including them and allowing them to influence MHDDAD's target audience.

Newsletter Survey & Training Needs Assessment - In the arenas of HIV and substance abuse prevention, new discoveries occur almost daily. Whether it's a more virulent, drug-resistant strain of HIV or the re-emergence of a highly addictive drug like crystal meth, professionals in the field are always interested in the latest news and the most current tools. In FFY 2005, attendees at the intensive training for HIV Early Intervention Services (EIS) counselors were invited to fill out a survey on topics they would like to read about in the HIV EIS newsletter. Additionally, a questionnaire was faxed to HIV EIS counselors, asking about training needs. Between the survey and questionnaire, there were more than 80 responses. Audience preferences informed the newsletter, the website www.hiveis.com, and the e-mail clipping service.

Newsletter - In FFY 2005, the HIV EIS newsletter, called HIV Risk Reduction, routinely included a message from DHR leadership direct to HIV EIS counselors. Both Substance Abuse Treatment Chief Bruce Hoopes and Director of the new Office of Addictive Disease, Neil Kaltenecker, were interviewed for front page articles. Terry Willis, President of Opioid Treatment Providers of Georgia was also interviewed for an issue on the OTP initiative. The theme of the issue that featured Ms. Kaltenecker was HIV and crystal meth in Georgia. Previous cover stories featured the achievements of HIV EIS counselors.

Email News Clipping Service - HIV EIS sent electronic copies of current articles on HIV, substance abuse (SA), hepatitis, and TB to all counselors able to provide an email address. FFY 2005 articles covered hepatitis A, B, and C; crystal meth; the latest science on a variety of HIV and SA-related matters; and outreach that works with minority at-risk populations.

HIV EIS Website - Launched in FFY2003, the HIV EIS website has grown in scope. New links and articles were posted regularly and training opportunities – both web-based and local – are publicized in FFY 2005. A new Division of Public Health link allowed visitors to track stats on reportable diseases in Georgia, including HIV and STDs, by county or statewide, by target population, and more.

Rapid Testing - A series of meetings were held to discuss the SAMHSA Rapid Test Initiative and the feasibility of HIV EIS sites participating in rapid testing. Preliminary discussions took place between Substance Abuse Chief Bruce Hoopes, Counseling and Testing Data Manager Judi Duffy, and the HIV EIS management team. Subsequent discussions also included Anthony McClarn, State Addictive Disease Program Specialist; Jevon Gibson, Case Finding Manager, HIV/AIDS Section; Dr. Andrea Bradford, Medical Director for Mental Health; and Terry Willis, President of the Opioid Treatment Providers of Georgia. After evaluating Division readiness, it was decided that participation in the SAMHSA Rapid Test Initiative would be reconsidered at a later date.

Although use of OraQuick rapid HIV testing was not common among HIV EIS counselors in FFY 2005, two sites used the technology. For example, from January through March of 2005, HIV EIS counselors tested 346 consumers using the finger stick method, with two positive results.

SAMHSA Cross-training - At the request of Substance Abuse Chief Bruce Hoopes, HIV EIS Program Director Marie Sutton represented Addictive Disease on the planning team for the SAMHSA Cross Training Initiative. In preparation for the event, Ms. Sutton participated in meetings, conversations, and correspondence with Ruth

John-Bonnette, Program Manager for the HIV Section, Division of Health, who took the lead in facilitating the event. Participants from various disciplines were involved, including Public Health, Criminal Justice, the Tuberculosis Section, Mental Health, Substance Abuse, and a community based organization. The event took place on July 26 and 27, 2005 and was well-attended.

OraSure Update - By roughly doubling the number of sites providing services, the HIV EIS program saw an increase in OraSure HIV testing and a sizeable increase in the number of newly diagnosed HIV-positive people. For example, during January, February and March of 2004, ten new positives were identified. During the same three months of 2005, HIV EIS counselors identified 26 Georgian who were previously undiagnosed. At the same time, in the wake of Georgia's FY 2004 legislation mandating name reporting for HIV-positive consumers, accuracy and timeliness of HIV test reporting became even more crucial. In FFY 2005, particular emphasis was placed on monitoring and support in this critical area.

In FFY 2005, the HIV EIS program began using a Georgia lab, Chatham Laboratory, to process OraSure specimens. Previously, specimens were shipped to a lab in Kansas. By doing business with a local lab, the program not only saved money, but received better service. Chatham had two staff who were available to answer questions and provide technical assistance by phone to HIV EIS sites.

FY 2007 (PROGRESS)

HIV Early Intervention Services - Designed to provide early intervention services for HIV within existing substance abuse treatment programs, the Georgia HIV Early Intervention Services (EIS) consists of a network of 71 HIV EIS counselors based in 36 substance abuse treatment facilities - including eight opioid treatment centers. Some rural sites have trained numerous staff to do HIV counseling and testing in order to provide these services at distant satellite locations.

HIV EIS counselors offer one-on-one HIV pre-test counseling; free HIV testing; and one-on-one post-test counseling during which consumers learn the results of their HIV test, receive a prevention "booster", and – for those who test positive – extensive support. Consumers are offered a choice of testing options: blood-drawn or OraSure oral HIV testing, and in some sites, consumers may choose the rapid HIV test. HIV EIS counselors average close to 6,000 tests per year with a post-test rate of over 70 percent. During the 9-month period October 2006 – June 2007, 29 previously undiagnosed consumers tested HIV-positive. Note: field reports for the quarter July through September 2007 are not due until mid-October and thus are not available at the time of this report.

Those who are HIV-positive, whether newly or previously diagnosed, are referred for medical and social services. They are linked to Ryan White clinics, local public health facilities, and community-based organizations. Some HIV EIS counselors also provide case management for their HIV-positive clients. Consumers who test positive for other sexually transmitted diseases are referred to the local health department for treatment.

In addition to providing HIV counseling and testing, many EIS workers lead HIV/STD prevention groups for consumers; train staff on HIV, universal precautions, and infection control techniques. In an effort to combat stigma and reach a wider audience with HIV prevention message, they also participate in health fairs; join Ryan White Consortia; produce radio spots; and speak at churches, fraternities and sororities, private counseling centers, and DUI schools. Serving Areas of Greatest Need.

As an extension of state- and federally-funded substance abuse treatment programs and opioid treatment facilities, Georgia's HIV EIS program serves an at-risk population. Most HIV EIS counselors also provide outreach specific to the needs of their community, including:

- Active drug users

- Minority populations
- Detainees and inmates
- Sex workers

Sustaining Continuity of Service

During FFY 2007, new HIV EIS counselors received a welcome package, a one-on-one orientation by telephone, and linkage to a qualified nurse with experience in substance abuse treatment and HIV counseling, testing, and outreach for additional support during the critical first month of employment.

Additionally, this year for the first time, two deliveries of the CDC-mandated HIV Prevention Counseling – a pre-requisite for anyone doing HIV counseling and testing – were provided specifically for HIV EIS counselors. Held in metro Atlanta and in the centrally located Macon, the two-day workshop was attended by 25 participants. Entitled Beyond the ABCs of HIV Prevention Counseling, the workshop was led by Bill Hight, Ph.D., a Licensed Psychologist with close to twenty years experience in HIV testing and counseling.

Promote the Efficacy of HIV Early Intervention Services

In March 2007, a series of three regional one-day training meetings, Let's Talk: Prevention with Positives were attended by 47 HIV EIS counselors. Held in one urban and two rural sites, the Atlanta meeting drew people from the center of the state; the Gainesville meeting attracted those from north Georgia; and Darien, on the coast, drew counselors from south Georgia. As a way of helping participants recognize their part in the HIV EIS program statewide, a presentation by the HIV EIS program manager recapped the previous year's accomplishments and included a breakout of counseling and testing data by region and site. The goal of the one-day curriculum was to provide HIV EIS staff with the latest information on HIV prevention strategies for substance abuse clients. Content included the steps of prevention counseling, the spectrum of unsafe to safer sexual practices, how to initiate conversations about HIV prevention, and strategies for giving HIV-positive test results. Instructors were Bill Hight, Ph.D. and Tonia Poteat, MMSci, PA-C, a Physician Assistant at the Grady Infectious Disease Program in Atlanta, who has over ten years experience as a primary health care provider for HIV-infected patients.

In June 2007, 49 HIV EIS counselors attended HIV/AIDS 2007: The Epidemic in Georgia, a three-day intensive skills-building workshop designed specifically for HIV EIS counselors. The conference introduced participants to the latest research in the social and behavioral sciences and provided opportunities for participants to tailor that research to their own context. Topics included:

- HIV/AIDS and Religion
- HIV/AIDS: What We Need to Know Today
- Understanding the "Down-Low": Finding New Ways to Talk About Sex and Sexuality
- Crystal Methamphetamine: Hearing from Users

Challenges and Opportunities for HIV Prevention Presenters included:

- Darrell P. Wheeler, PhD, MPH, LCSW the Associate Dean for Research and an Associate Professor at the Hunter College School of Social Work.
- Angelica Vuchetich, RN, CANP, Clinical Director of the Infectious Disease Program at Grady Health Systems in Atlanta and an Adjunct Professor at the Emory University School of Nursing.
- John Blevins, MDiv, ThD, a Visiting Assistant Professor of Pastoral Care at the Candler School of Theology at Emory University.
- Camille A. Abrahams, MS, a Capacity-Building Assistance Specialist for the African American Capacity-Building Initiative of the Harm Reduction Coalition.
- A panel of HIV-positive, former methamphetamine users

Before the year is out, up to six veteran HIV EIS counselors will have a unique staff development opportunity. They will participate in a preceptorship, "shadowing" professionals working in HIV medical care.

During FFY 2007, four issues of HIV Risk Reduction, the newsletter of the HIV EIS program were produced. The newsletter is intended to provide HIV EIS counselors with direct communication from the Georgia Department of Human Resources Office of Addictive Diseases and from leaders in the fields of substance abuse and HIV. During FFY 2007, the newsletter featured interviews with experts on the following topics:

- Georgians in Africa
- The truth about HIV/AIDS and the corrections system
- Substance abuse and HIV treatment in Georgia
- The link between crystal meth, men who have sex with men, and HIV in Atlanta

Through the HIV EIS website, counselors have access to up to date information 24 hours a day. During FFY 2007, content included resources and prevention information on HIV/AIDS, substance abuse, hepatitis, and TB.

Monitoring - Each quarter, HIV EIS counselors submit a field report that tracks:

- The number consumers who participate in pre-test counseling.
- The number of consumers who agree to HIV testing
- Which testing option they choose: oral, blood drawn, or rapid test.
- How many tested positive.
- The number who participated in post-test counseling.
- The number of newly admitted consumers who disclosed that they have a previous HIV diagnosis.
- The number of HIV-positive consumers, newly and previously diagnosed, who were referred to services.

And because numbers do not tell the whole story, the field report also includes a narrative section, as well. The narrative allows counselors to highlight successes and challenges, and to provide a detailed account of the services and referrals given to each HIV-positive consumer. The field reports, in turn, form the basis of a Quarterly Report that is distributed to the Office of Addictive Diseases, Regional Coordinators, Regional Services Administrators, Community Service Board Directors, HIV EIS supervisors, and HIV EIS counselors. The Quarterly Report showcases the work of up to six sites, selected for outstanding work during the quarter. Featured sites serve as models for other HIV EIS programs, and the competition to be included is stiff. A 10-page booklet punctuated with photos and graphs, the Report also provides a numeric snapshot of each site including the number of consumers tested, which testing option they chose, how many were post-tested, and the number of newly identified HIV-positive consumers. Anecdotal evidence indicates that not only is the Quarterly Report carefully read, but that it motivates counselors to improve their performance. Those whose work is featured often request extra copies of the report; one counselor asked for a copy for his mother.

During FFY 2007, visits to the five sites most in need of support were conducted by the HIV EIS Program Manager and a qualified nurse with experience in substance abuse treatment and HIV counseling and testing. Site visits include direct observation of a testing episode as well as a meeting with agency leadership to assure compliance with CSAT Block Grant requirements. Technical assistance is provided in the areas of post-test counseling, delivering positive HIV test results, counseling techniques, and community outreach strategies.

SAMHSA Rapid HIV Testing Initiative - Georgia's Pilot Rapid HIV Testing Program was launched in late 2006, in conjunction with the SAMHSA Rapid HIV Testing Initiative (RHTI). A series of conference calls were held with SAMHSA leadership MayaTech leadership, Office of Addictive Disease staff, and Georgia Public Health HIV/STD Section staff.

One aspect of the initiative involved distribution of rapid HIV test kits to CSAT Grantees in Georgia. All Georgia CSAT Grantees were contacted and two – DeKalb Prevention Alliance and Recovery Consultants – agreed to meet the requirements to receive free rapid testing kits. In addition to assisting in the dissemination of HIV testing kits, a workshop to prepare healthcare workers to conduct rapid testing was planned. HIV EIS Program Director Marie Sutton coordinated the three day RHTI training event with MayaTech. Only those HIV EIS counselors most likely to succeed at rapid testing were chosen to attend. Held in Atlanta, Georgia January 30 – February 1, 2007, the training was attended by 25 health care professions. 16 HIV EIS counselors and 5 CSAT Grantee staff people completed the workshop. Onaje Salim, Program Specialist in the Georgia Office of Addictive Diseases delivered opening remarks. Rapid HIV testing by HIV EIS sites is being tracked. The HIV EIS program will be supplying rapid HIV test kits to qualified DHR sites and we are working towards selection of a vendor for rapid test kits.

FY 2008 (INTENDED USE)

GOAL 6: Provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery.
Target population: individuals who present for substance or opioid treatment who meet the Core Customer Definition.

Implementation dates: October 1, 2007 – September 30, 2008.

Where activities/services will be undertaken: . 5 MHDDAD regions, network of HIV EIS counselors and 36 substance abuse and opioid treatment centers throughout the state.

How activities/services will be operationalized: contracts and/or provider agreements

Services/activities to be provided:

OBJECTIVE 1: Continue to provide HIV screening, counseling, testing, and treatment referral for persons presenting for substance abuse or opioid treatment through the HIV Early Intervention Services (EIS) program, a network of HIV EIS counselors based in substance abuse treatment facilities throughout the state.

ACTIVITIES:

1. Support a network of 71 HIV Early Intervention Services counselors working in 36 substance abuse and opioid treatment centers throughout the state of Georgia.
2. Promote continuity of service by providing orientation for new HIV EIS counselors. Orientation to include a welcome package as well as the offer of a one-on-one telephone introduction to HIV EIS while online, exploring the HIV EIS website; and linking to a qualified nurse with experience in substance abuse treatment and HIV counseling, testing, and outreach for additional support during the critical first month of employment.
3. Provide two deliveries of the CDC-mandated HIV Prevention Counseling, a prerequisite for those who do HIV counseling and testing. In sites where a single counselor is responsible for providing HIV EIS, a delay in getting into the course causes an interruption in HIV counseling and testing. These deliveries are intended to minimize this interruption of service delivery.
4. Provide pre-test counseling, and a choice of blood drawn and oral HIV testing to consumers entering substance abuse treatment.
5. Offer effective rapid HIV testing at appropriate HIV EIS sites in order to expand their capacity to serve diverse groups of consumers, give a higher percentage of posttest results, and offer consumers a wider menu of HIV testing options.

6. Provide treatment referral to those who test positive or those previously diagnosed HIV-positive who are not already enrolled in services.

OBJECTIVE 2: Continue to provide ongoing monitoring and evaluation of the HIV Early Intervention Services program.

ACTIVITIES:

1. Solicit, review, and evaluate field reports from providers each quarter.
2. Produce a Quarterly Report on HIV EIS activities statewide, incorporating quantitative information compiled from each field report and an in-depth review of up to six sites chosen for outstanding work during the quarter. The report is designed to increase the visibility of the work being done by HIV EIS counselors, highlight the importance of this critical program for the benefit of leadership and frontline staff, and motivate HIV EIS counselors to strive for one of the coveted indepth profiles.
3. Conduct visits to the five sites most in need of support. Site visits to be conducted by the HIV EIS Program Manager and/or a qualified nurse with experience in substance abuse treatment and HIV counseling and testing. Site visits to include:
    - Clinical record review
    - Direct observation of testing procedure and counseling techniques
    - Review of record keeping, and budget.
4. Conduct site visits, as needed, to HIV EIS counselors most challenged by the requirements of HIV rapid testing. Visits to be conducted by the HIV EIS Program Manager and/or a qualified nurse with experience in substance abuse treatment and HIV counseling and testing, including rapid HIV testing.
    - Conduct a clinical review including direct observation of rapid HIV testing procedure and counseling techniques.
    - Review record keeping.
    - Conduct proficiency testing.

OBJECTIVE 3: Continue to promote the efficacy of the HIV Early Intervention Services (EIS) program by providing technical assistance to HIV EIS counselors.

ACTIVITIES:

1. Produce a series of three regional training meetings in the state designed to strengthen skills and motivate HIV EIS counselors to improve performance. Training events to be held in one urban and two rural locations. In addition to HIV EIS counselors, participation will be open to EIS supervisors and regional staff.
2. Produce a three-day intensive skill- and team-building workshop designed specifically for HIV EIS counselors, and open to HIV EIS supervisors, and regional staff.
3. Produce a quarterly newsletter designed to provide HIV EIS counselors with direct communication from leaders in the fields of substance abuse and HIV, offering education around current issues. Topics may include but are not limited to: HIV rapid testing, new HIV treatment therapies, and vaccine research.
4. Maintain the HIV EIS website, designed to provide counselors with access to current information 24 hours a day. Content to include fundamentals for new hires; downloadable forms; information on training and HIV/AIDS events; and links to prevention and treatment information on HIV/AIDS and hepatitis; resources for high risk populations including African Americans, men who have sex with men, the homeless, and youth; and resources for condoms, prevention tools, and HIV/STD educational tools.

HIV Early Intervention Services

Since the earliest days of the HIV/AIDS epidemic, Georgia has had a substantial number of reported cases of AIDS. In 1999, the state had the eighth highest rate of AIDS among all states and the seventh highest number of persons living with AIDS. The HIV/AIDS epidemic continues to grow in Georgia. In FY 2005, there were 17,344 PLWA and an estimated 21,620 PLWH (non-AIDS).

PERCENT OF CHANGE OF NEW AIDS CASES, PEOPLE LIVING WITH AIDS AND THE ESTIMATED NUMBER OF PEOPLE LIVING WITH HIV (NOT AIDS) IN GEORGIA FOR THE PAST TWO YEARS, 2004-2005

Indicator	2004	2005	Percent Change	Trend
New AIDS cases	1,435	855	(40%)	Decrease*
PLWA	16,669	17,344	4%	Increase
Estimated PLWH (non-AIDS)	20,915	21,620	3%	Increase

*New AIDS cases are expected to increase for calendar year 2005 due to reporting delays where the average time of report is 16 months.

The cases of persons with AIDS rose 4% in 2005 since the previous year. These changes present a steady trend of increasing cases over the two year period. These changes indicate a steady trend of increasing cases over the two year period. Men who have sex with men (MSM) still represent the largest number of people living with AIDS in Georgia. They account for 45% (40% MSM and 5% MSM who inject drugs) of the Georgia cases known living with AIDS as of December 31, 2005.

Recent trends indicate that the disease is affecting African-Americans, women, heterosexuals, and people living in rural areas at growing rates. In the United States, African American males and females, ages 18-44, are most disproportionately affected by HIV. Although African Americans make up only 30% of Georgia's population, 78% of the new cases of AIDS in 2005 were among African-Americans.

The HIV/AIDS epidemic in Georgia now affects many women. From 1984 to 2005, the cumulative proportion of AIDS cases among women increased from 4% to 23%. African-American women are disproportionately affected. Heterosexual sex is the primary mode of transmission. Many women are sex partners of men who have used drugs or of men who have sex with men. Twenty-three percent (3,356) of the individuals living with AIDS in Georgia at the end of 2005 were female.

As more women become infected with HIV, more children may be born with HIV. Without treatment, HIV-infected mothers transmit their infection to their babies 25-30% of the time. Treatment reduces the transmission rate to 2 to 5%. Mothers with/at risk for HIV infection accounted for the 95% of the pediatric transmission mode for the 224 cumulative pediatric AIDS cases in Georgia as of December 31, 2005. Ninety-seven percent (105) of the pediatric cases known living with AIDS at the end of 2005 were perinatally infected.

The epidemic is shifting to Georgia's rural areas and small cities and towns. As of December 31, 2005, cumulative cases indicate about 35% of men who have been diagnosed with AIDS, 48% of the women, and 67% of the children with AIDS were living outside the 20-county metropolitan Atlanta area at the time of AIDS diagnosis. In rural areas of the state, resources are scarce. People and services are more dispersed and therefore harder to reach with treatment and prevention efforts.

HIV is a sexually transmitted disease (STD) and documenting the presence of other STDs and Hepatitis B and C also captures the potential impact on HIV/AIDS. Georgia consistently ranks among the top five states for STDs, and residents of the Atlanta EMA account for over half of all the state's cases. Chlamydia and gonorrhea are underreported generally, and over represented among women and African Americans. Among Georgia's

159 counties, 45 (28%) had primary and secondary syphilis rates above 3.0:100,000 in 2003; almost half of these 45 counties had rates over 4.0:100,000 and in the past decade over 500,000 citizens have been diagnosed with at least one STD. One in every four women aged 15 to 44 who had lifetime multiple sex partners reported an STD, with a 7% chlamydia positive testing rate, 80% of whom are asymptomatic. Georgia ranks 5th highest in chlamydia and gonorrhea rates and 2nd in the nation for syphilis cases. Half of Georgia's counties with the highest syphilis rates lie in the EMA. Drug use is also a major factor. People who inject drugs often contract the virus when they share needles with an infected person. People who may not be using drugs themselves may also become infected through sexual activity with infected partners who have used injectable drugs. Alcohol and other drug use may increase high-risk behavior because they reduce inhibitions and interfere with decision-making. The transmission mode for 21% (16% injecting drug use and 5% MSM and injecting drugs) of Georgia's 289,716 cumulative AIDS cases at the end of December 2005 was injecting drug use.

In 2005, the Prevention Services Branch in the Department of Human Resources' Division of Public Health funded 43 community-based organizations and county health departments to provide AIDS education to people at risk for HIV infection. HIV testing and counseling are available at all county health departments and their satellite programs, such as teen clinics and family planning centers, as well as publicly funded community-based organizations, university student health clinics, and various outreach projects.

HIV primary care services, support services and prevention services were provided in all 18 of the state's Public Health Districts in FFY 2005. The Georgia AIDS Drug Assistance Program (ADAP) provided FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. Georgia received more than $29 million through Title II (now Part B) of the Ryan White CARE Act for primary care and support services, including ADAP.

In FY 2005, $1,172,295 was disbursed by the MHDDAD Regional Boards who contracted with individual providers, primarily community service boards, to provide HIV Early Intervention Services (EIS) in substance abuse (SA) treatment settings throughout the state. HIV EIS counselors working on-site in publicly funded SA clinics in each region provided HIV/STD prevention education, HIV pre-test counseling, free HIV testing, and HIV post-test counseling. Counselors referred consumers who tested HIV-positive to local county health departments for medical care. Referrals for necessary social services were also provided. HIV EIS counselors worked closely with various health care and social service organizations including public health, AIDS service organizations, and other community based organizations.

HIV Early Intervention Programs Receiving Funds

HIV EARLY INTERVENTION FUNDS REPORTED BY STATE PROVIDER				
Program	Status	Address	Phone	Funds
ALBANY AREA COMMUNITY SERVICE BOARD	I	601 West 11th Avenue Albany, GA 31701	n/a	$33,776
ARCHWAY	I	400 Old Albany Road, Thomasville, GA 31792	n/a	$4,068
BEHAVIORAL HEALTH SERVICES OF SOUTH GEORGIA	A	334 Tifton-Eldorado Road Tifton, GA 31794	n/a	$17,636
CHATHAM CLINIC FOR ADDICTIONS	I	607 Abercorn Street Savannah, GA 31401	n/a	$45,707
CLAYTON MENTAL HEALTH CENTER DRUG/ALCOHOL PROGRAM FOR CHILDREN AND ADOLESCENTS	I	6315 Don Hastings Road Flint River Center Riverdale, GA 30274	n/a	$65,943
CMHC OF EAST CENTRAL GEORGIA	U	3421 Mike Padgett Highway Augusta, GA 30906	n/a	$9,783
COBB/DOUGLAS COUNTY COMMUNITY SERVICES BOARD OUTPATIENT SERVICES	A	1650 County Services Parkway Marietta, GA 30008	n/a	$34,311
CORNERSTONE CRISIS STABILIZATION PROGRAM	S	919 Lawyers Lane Columbus, GA 31906	n/a	$37,106
DEKALB COMMUNITY SERVICE BOARD / DEKALB REGIONAL CRISIS CENTER	A	450 Winn Way Decatur, GA 30030	n/a	$45,512
GRN ALCOHOL AND DRUG ABUSE PROGRAM	S	175 Gwinnett Drive Lawrenceville, GA 30045	n/a	$47,626
HIGHLAND RIVERS TREATMENT SERVICES COMMUNITY MENTAL HEALTH CENTER	U	900 Shugart Road Dalton, GA 30720	n/a	$39,803
MCINTOSH TRAIL ALCOHOL AND OTHER DRUG SERVICES	I	195 Miles Street Athens, GA 30601	n/a	$7,855
MIDDLE FLINT BEHAVIORAL HEALTHCARE	I	425 North Lee Street Americus, GA 31709		$39,543
MIDDLE FLINT BEHAVIORAL HEALTHCARE	A	425 North Lee Street Americus, GA 31709	n/a	$16,771
PATHWAYS CENTER TROUP MENTAL HEALTH	A	124 Gordon Commercial Drive LaGrange, GA 30240	$4,549	
PHOENIX CENTER BEHAVIORAL HEALTH SERVICES	A	410 East Church Street Fort Valley, GA 31030	n/a	$5,659
RIVER EDGE RECOVERY CENTER	A	3575 Fulton Mill Road Macon, GA 31206	n/a	$2,533

SAINT ILLA CENTER	A	3455 Harris Road Waycross, GA 31503	n/a	$8,217
STEP ONE RECOVERY CENTER COMMUNITY MENTAL HEALTH OF MIDDLE GEORGIA	A	600 North Jefferson Street Dublin, GA 31021	n/a	$5,758
FULTON COUNTY HEALTH DEPARTMENT	n/a	99 Jesse Hill Drive Atlanta, GA 30303	404 730-1485	$91,775
FULTON COUNTY HEALTH DEPARTMENT	n/a	99 Jesse Hill Drive Atlanta, GA 30303	404 730-1485	$34,944
INTEGRATED LIFE CENTER, INC.	n/a	730 Peachtree Street Atlanta, GA 30308	n/a	$35,868
METRO ATLANTA RECOVERY RESIDENCE	n/a	2801 Clearview Place Doraville, GA 30340	678-805-5100	$1,600
METRO ATLANTA RECOVERY RESIDENCE	n/a	2801 Clearview Place Doraville, GA 30340	678-805-5100	$671
SAVANNAH AREA BHC	n/a	17 Minus Avenue Savannah, GA 31408	912-966-3791	$31,110
SAVANNAH AREA BHC	n/a	17 Minus Avenue Savannah, GA 31408	912-966-3791	$10,523

Status Key: [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.